

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2014 FEB 10 AM 8:11
FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

P.O. BOX 4187

136 MOUNT BETHEL ROAD

☐

(Check if address
is changed)

WARREN

NJ

7059

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

rleffert@ualocal475.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

UALOCAL475.ORG

2. DATE

01 / 17 / 2014

3. FEC IDENTIFICATION NUMBER

C 00252395

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ROBERT SHERLOCK

Signature of Treasurer



Date

01 / 17 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

14031182401

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

☐

House

☐

Senate

☐

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- | | | |
|--|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input checked="" type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Assn | <input type="checkbox"/> Cooperative |
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

FEC ID number

2.

FEC ID number

3.

FEC ID number

4.

FEC ID number

14031182402

Write or Type Committee Name

STEAMFITTERS LOCAL 475 POLITICAL ACTION COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

STEAMFITTERS, PIPEFITTERS & APPRENTICES LOCAL UNION NO. 475

Mailing Address

P.O. BOX 4187

136 MOUNT BETHEL ROAD

WARREN

CITY

NJ

STATE

07059

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

ROBERT SHERLOCK

Mailing Address

P.O. BOX 4187

136 MOUNT BETHEL ROAD

WARREN

CITY

STATE

NJ

07059

ZIP CODE

Title or Position

FINANCIAL SECRETARY TREASURER

Telephone number

908 - 754 - 1030

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

ROBERT SHERLOCK

Mailing Address

P.O. BOX 4187

136 MOUNT BETHEL ROAD

WARREN

CITY

STATE

NJ

07059

ZIP CODE

Title or Position

TREASURER

Telephone number

908 - 754 - 1030

14031182403

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

TD BANK

Mailing Address

63 MOUNTAIN BLVD

WARREN

NJ

07059

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031182404

14031182405

STEAMFITTERS, PIPEFITTERS & APPRENTICES
LOCAL UNION No. 475
of Essex County, Union County, Portions of Hunterdon
Mercer, Middlesex, Morris, Somerset, and Warren Counties
POST OFFICE BOX 4187
WARREN, NJ 07059
DO NOT FORWARD

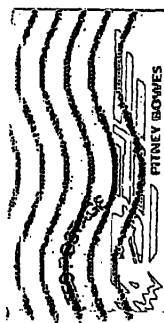
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BY DANIELS NO 070



06 FEB 2014 PM 11

7013 2630 0002 1040 8582



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6555080 FEB06 2014
LED FROM ZIP CODE 07060


RETURN TO SENDER
NO POSTAGE
NECESSARY
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UNITED STATES

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FEC MAIL CENTER

FEDERAL ELECTION COMMISSION
999 E STREET, NW
WASHINGTON, DC 20463

20463

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 2/6/14
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	2/10/14
PREPARER (8/2013)	DATE PREPARED

14031182406